

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021754

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 6251 Primary Registration District No. 370 Registrar's No. 82

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wappapello Lake</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In Lake</u>		d. STREET ADDRESS (If outside, give location) <u>1520 S. 14th St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>NANCY JUANITA HOGAN RINGHAM</u>		4. DATE OF DEATH Month Day Year <u>May 13, 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/28/1926</u>
9. AGE (last birthday) <u>35</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	
11. BIRTHPLACE (City and state or country) <u>Parma, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Newt Carlyle</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>James Ringham</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>James Ringham, Poplar Bluff, Mo.</u>		17. ADDRESS <u>James Ringham, Poplar Bluff, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> DUE TO (b) <u>Accidental Drowning</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 to 3 min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Boating accident</u>	
20c. TIME OF INJURY Hour <u>12:30 AM</u> Month, Day, Year <u>May 13 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Wappapello Lake</u>		20f. CITY, TOWN, OR LOCATION <u>Wayne mo</u>	
21. I attended the deceased from _____, to _____, and last saw him/her alive on _____ Death occurred at <u>12:30 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Poplar Bluff, Mo</u>	
23a. SIGNATURE <u>Marion E. Boules</u> (Degree or title) <u>Coroner</u>		23b. DATE <u>May 17, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		23d. LOCATION (City, town, or county) <u>Poplar Bluff, Missouri</u>	
24. FUNERAL DIRECTOR <u>RANK-COTRELL CHAPEL, Poplar Bluff, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-24-62</u>	
26. REGISTRAR'S SIGNATURE <u>Bretta M. Ward</u>		27. DATE SIGNED <u>May 21-62</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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JUL 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Peplack Bldg. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.